KANSAS DEPARTMENT FOR CHILDREN AND FAMILIES
Foster Care Licensing
500 SW Van Buren Street Topeka, Kansas 66603
Website: http://www.dcf.ks.gov

APPLICATION FOR LICENSE TO OPERATE A RESIDENTIAL FACILITY FOR CHILDREN AND YOUTH

Kansas child care laws and regulations are designed to reduce the predictable risks of harm to children and youth.
By filling out and sending this application, you are:
1) asking for a license to run a residential child care facility, and
2) confirming that you have read and will follow all laws and regulations for the program you are applying for.

Upon completion email the application and supporting documents to: DCF.FCL@ks.gov.

SECTION I. INTENT OF THE APPLICANT/OPERATOR. PROVIDE ALL INFORMATION REQUESTED

Program Type: (select one option)

☐ Attendant Care Center ☐ Detention Center ☐ Group Boarding Home ☐ Juvenile Stabilization Center

☐ Residential Center ☐ Secure Care Facility ☐ Secure Residential Treatment Facility ☐ Staff Secure Facility

This application is for:(select one option)

☐ Initial License ☐ Moving to a new location ☐ Ownership Change ☐ Program Change

The anticipated opening date is:

SECTION II. FACILITY INFORMATION. PROVIDE ALL INFORMATION REQUESTED

Name of the Facility

Physical Street Address of Facility City Zip

Facility Phone Number Facility Email address of Authorized Representative

Mailing Address(if different than above) City Zip

SECTION III. LEGAL ENTITY/CORPORATION. PROVIDE ALL INFORMATION REQUESTED

Name of Legal Entity/Corporation/Owner Authorized Representative for Facility

Physical Street Address of Entity/Owner City Zip

Business Owner Phone Number Legal Entity/Owner Email

Mailing address(if different than above) City Zip

The Legal Entity/Corporation is a (check ONE of the following):

☐ Corporation ☐ Individual/Partnership or association of individuals that is/are not incorporated ☐ Other (explain):

Tax identification number (for individual owner use social security number):

SECTION IV. SERVICES. I/We plan to serve the following population:

Males ☐ Females ☐ Age Range Total Capacity

I/We plan to provide the following services:

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SECTION V. PHYSICAL PLANT. PROVIDE ALL INFORMATION REQUESTED.

Facility Building Type:

☐ Existing Building ☐ Modular Unit ☐ New Construction

**Provide a plot plan of the entire outdoor premises and a floor plan. The floor plan should include linear measurements of rooms and windows and should indicate placement of doors and windows. Each room should be labeled as to purpose, indicating placement of all closets, toilets, sinks, bathtubs and/or showers.*

This facility is connected to:

☐ Public Water ☐ Well Water ☐ Public Sewer ☐ Lagoon/Septic

**If not on public water/sewer, annual approval of water supply and sewage disposal is required.*

SECTION VI. ADDITIONAL INFORMATION. PROVIDE ALL INFORMATION REQUESTED.

In state license questions

I/We have applied previously for a license in Kansas for a child care facility of any type but did not obtain one.	☐ Yes	☐ No
I/We had a license in Kansas for a child care facility, including a family foster home, in the past and the facility is closed.	☐ Yes	☐ No
I/We currently have a license in Kansas for a child care facility, including a family foster home, and intend to keep that facility open.	☐ Yes	☐ No

Out of state license questions.

I/We have applied previously for a license in another state for a child care facility of any type but did not obtain one.	☐ Yes	☐ No
I/We had a license in another state for a child care facility, including a family foster home, in the past and the facility is closed.	☐ Yes	☐ No
I/We currently have a license in another state for a child care facility, including a family foster home, and intend to keep that facility open.	☐ Yes	☐ No

If you answered "Yes" to any of the above questions, complete the following information:

Name(s) on the previous/current license:

Address on the previous/current license:

License Number: Dates of Operation:

Why a license was not obtained and date of application:

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SECTION VII. Submission of application and supporting documents.

- ☐ Completed and signed application
- ☐ Request for KBI/DCF Background Check via submission of an FCL 002 for each employee, volunteer (you must keep a copy on file)
- ☐ State Fire Marshal Approval
- ☐ Licensing Fee Mail check or money order for license fee
  Foster Care Licensing PO Box 1424 Topeka, Kansas 66601-1424
  Or Pay Online: http://www.dcf.ks.gov/pages/Online-DCF-Payments.aspx
- ☐ Detailed program description which includes the following:
  - ☐ purpose of the facility;
  - ☐ administration plan for the program, including an organizational chart;
  - ☐ financing plan for the program;
  - ☐ staffing for the program, including job descriptions;
  - ☐ policy and procedure manual, identifying corresponding regulations
- ☐ Floor plan of each building/Plot plan for entire outdoor premises
- ☐ Documentation that local school district received at least 90-day notice of intent to open: not required for a Juvenile Stabilization Center.
- ☐ Documentation the building meets zoning requirements of the community
- ☐ Articles of Incorporation and Bylaws (if applicable)
- ☐ Approval of well water/sewage disposal system (if applicable)
- ☐ Directions to facility if rural location

SECTION VII. AGREEMENTS AND AUTHORIZED SIGNATURE(S).
READ EACH STATEMENT AND SIGN THE APPLICATION WHEN COMPLETE.

I/We, the undersigned am/are the person(s) named as the Applicant(s) or the authorized representative(s) of the owner listed above.

I/We have read the laws and regulations governing the operation of the facility.

I/We understand that I/we are responsible for meeting and always maintaining compliance with all applicable child care licensing laws and regulations.

I/We affirm that I/we have developed a written statement of philosophy, purpose, program orientation, policy of operation and behavior management/discipline methods. Corporal punishment is prohibited. The statement contains long- and short-term goals and has been submitted and is currently available to the Kansas Department for Children and Families (DCF) designated representatives, and to the public.

I/We understand that a new application may take up to 90 days for processing by DCF once DCF receives a complete application.

I/We understand that I/we are not authorized to provide services prior to receiving a Temporary Permit or License from DCF.

In accordance with the Kansas Statutes Annotated 44-1009, I/we shall not refuse service to any person for reason of race, religion, color, sex, physical handicap, national origin or ancestry.

I/We attest, under penalty of perjury, that the information provided in this application is true and correct.

Authorized Signature **Title** **Date**